

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	AK	931	07/20/01
RESPONSE FORMALITY REVIEW	BE	372	03-06-02

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)..... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Date
Final Original	
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Claim	Date
Final Original	
51	5/12/02
52	11/1/02
53	4/1/03
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Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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373  
7/20  
804 03/07